Effective November 10, 1998 94/430, 430													50
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	LENTIT	Y OR		R THAN ENTITY
FOR				ER FILED		NUMBER]	RATE			RATE	FEE
BASIC FEE			PS #					4		380.0			760.00
TOTAL CLAIMS				O minus	20=	*		1	X\$ 9=	30.5	OR	Tana and an	
INDEPENDENT CLAIMS 3 mil					3 3 =	*		1	X39-	+	OR	1000	
MULTIPLE DEPENDENT CLAIM PRESENT								1	+130=	†	7		, i
* If the difference in column 1 is less than zero, enter "0" in column 2											OR	<u> </u>	-7.0
CLAIMS AS AMENDED - PART II									TOTAL	- [_JOR	-	760
	(Column 1) (Column 2) (Column 3)							<u> </u>	SMAL	L ENTITY	OR		ENTITY
AMENDMENT A		REM. AF AMEN	AIMS ANING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI TIONA FEE	VL	RATE	ADDI- TIONAL FEE
ENDI	Total	• 0	20.	Minus	**	20	=		X\$ 9=		OR	X\$18=	
AMI	Independent FIRST PRESE	*	D OF M	Minus	DENID		a 1. —	4	X39=	17	OR	X78=	1
	1	-1417410	1101101	OLITEE DE	PENU	ENTOLAIM	·	J ·	+130=	17	OR	+260=	1
••	:			· •				• [TOTA ADDIT, FE		OR	TOTAL ADDIT, FEE	
			ımn 1)	1		olumn 2)	(Column 3)						
AMENDMENT B		REM/ AF	NIMS NINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	- 2	1	Minus	**	20	= 7		X\$ 9=		OR	X\$18=	126,00
AM	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PEND	3 ENT CLAIM	- 2		. X39=	1	OR	X78=	156.00
	,							•	+130=		OR	+260=	
,	18/14							4	TOTAL		OR	TOTAL ADDIT. FEE	282,4
ليا ا	UPOLOI		mn 1)	্যন্ত হার ক্রান্ত্রনার ক্রান্ত্রনার ক্রান্ত্রনার ক্রান্ত্রনার ক্রান্ত্রনার ক্রান্ত্রনার ক্রান্ত্রনার ক্রান্ত্র		olumn 2) Kighest	(Column 3)	l _			_		
AMENDMENT C		REMA AF1	INING TER DMENT		PR	IUMBER ' EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 2	/	Minus	** (27	= /		X\$ 9=		OR	X\$18=	
X	Independent	• S	N OE M	Minus	###	5	= /	 	X39=		OR	×78=	-// -
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<u> </u>	1 1	300 +260=	-/-
[If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR OR	+260= TOTAL VDDIT, FEE	/ <u>/</u>
i	The "Highest Num	ber Previ	ously Paic	is For (Total or	Indep	ondent) is the	i 3, enter "3." highest number		DDIT. FEE nd in the ap				
	PTO-875	•υ.9	. Governmer	nt Printing Office: 1	999 — 4	159-072/19142		Pater	nt and Trade	mark Office,	U.S. DEP/	VRTMENT OF	COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

(Rev. 11/98)

Application or Docket Number